Wisconsin Department of Safety and Professional Services

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BOARD OF NURSING

TEMPORARY PERMIT REQUEST FOR REGISTERED NURSE OR LICENSED PRACTICAL NURSE

Check One:							
□ Registered N □ Licensed Pra	Iurse (RN) actical Nurse (LPN	T)					
Applicant Name					Date of Birth	n /	/
Las		First		MI			
DSPS Application ID	#						
INITIAL EXAM A section below.	PPLICANTS ON	NLY: Applicants th	at have not yet	taken the	NCLEX exa	mination m	ust complete the
A completed applicate practical nursing and temporary permit is non-refundable. Applied for each supervising large I, the above named applied who has an active Williams.	a temporary perm valid for three mo dicants who wish the RN. oplicant, will be en	nths or until the app to practice under the mployed to work as a	at be received in a blicant is notified supervision of m	the board of that he/she than one	fice prior to gr failed the NC e RN must sub	ranting a ter CLEX. Tempomit an addi	nporary permit. A porary permits are tional Form #2434
RN Supervisor's Printed Name Title			Fac	ility Name			
Supervisor's WI RN License #				Facility's Street Address			
()							
Supervisor's Work Pl	none Number		Cit	y		State	Zip
ALL APPLICANTS REQUESTING TEMPORARY PERMIT: Complete this section and forward DSPS fee. Make check payable to DSPS and attach to this form. \$ 10.00 Initial Applicant Temporary Permit fee (non-refundable and may only be renewed once) \$ 10.00 Renewal Temporary Permit Fee					For Rece	ipting Use O	nly
\$ 4.00 DW	D Nurse Survey f al DSPS Fee Atta	ee (listed below)					
CERTIFICATION (I declare under penalty)		TUS: (check one belo	ow)				
☐ a citizen or national☐ a qualified alien or r			ed States				
RESIDENCY: State of primary residen If you are on active check here.							
#2434 (Rev. 9/14)							